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Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT EPIDEMIOLOGY

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ANTIGUA AND BARBUDA

VIRUS CAUSING FLU-LIKE EPIDEMIC REMAINS UNIDENTIFIED

St Johns HERALD in English 15 Aug 86 p 1

[Text]

Doctors in Antigua are trying without much success to identify the virus which is responsible for an outbreak of a 'flu'-type epidemic which has spread across the island over the past two weeks.

Chief Medical Officer, Dr. Thomas Jonas said his department hopes to send specimen blood to the Caribbean Epidemiology Centre (CAREC) in Port-of-Spain, Trinidad for further tests to help identify the virus. Dr. Jones said the tests will also determine whether or not the outbreak is a single viral infection, or whether there is an outbreak of influenza running alongside the viral infection.

Dr. Jonas said he is unable at this point to give accurate figures on the number of persons affected by the epidemic, which became apparent at the height of the Carni-

val Festivities.

But one local doctor who was contacted by the HERALD said he estimates that a "few thousand persons" have been treated for symptoms of the infection. He described the symptoms as severe headaches, eye-aches, coughs, chest pains, vomiting, fever, and pains in the joints. He said these symptoms are not usually associated with the ordinary influenza which doctors treat at regular intervals each year.

According to the doctor every variety of virus bring about different reactions when it affects the human body. For example, he said, the dengue virus brought about mainly severe joint pains.

Doctors have been prescribing rest, large quantities of fluid along with aspirin or other pain killers as well as an anti-biotic to fight the virus.

It is understood that tetracycline has been found to be especially effective against the infection. The doctor noted that prescribing tetracycline also helps to protect a patient from super-infections such as bronchitis and pneumonia.

The doctor, who over the past ten days has seen a daily average of thirty patients with the viral infection, says he has received reports that similar outbreaks are taking place in other Caribbean territories, namely, St. Lucia, St. Kitts and St. Vincent.

Until the doctors are able to identify the virus responsible for the epidemic, they will not be able to determine what caused the outbreak, or how it is spread.

Members of the public who have been affected by the virus still speak of this "flu" they call "Madonna".

BAHAMAS

AIDS NOW FOUND TO BE SPREADING TO WOMEN

Nassau THE TRIBUNE in English 26 Aug 86 p 1

[Excerpts]

THE Ministry of Health today expressed alarm by a study indicating that the AIDS virus had now crossed over and was being spread through male-female relationships.

In the ministry's fifth press statement on AIDS, Chief Medical Officer Dr Vernell Allen said there also appeared to be an increasing incidence of AIDS among prostitutes in the Bahamas.

"Acquired Inmune Deficiency Syndrome (AIDS) continues to be a case of concern," the statement said. "The total number of cases for the first six months notified to the Ministry has been 34 cases.

"A study of the persons affected indicates that while homosexual contact is still a factor, it is also alarming that some of the cases have been spread through heterosexual contact, namely male/female relationships," the statement said.

"However, the cases spread through male/female sexual contact have shown to be mainly where one or both partners have had numerous casual sexual partners," the ministry said.

"There also appears to be an

increasing incidence among prostitutes in the Bahamas."

"In the Bahamas we have also seen the regrettable increase in AIDS in children and infants," the statement said. "These cases have all been through an infected mother."

To date, the Ministry said that one third of these children have died and the outlook for survivors is bleak.

The Ministry of Health has adopted a policy of releasing regular information on the AIDS situation in the Bahamas.

It has been recently reported that tuberculosis, particularly in severe or rare forms, has been found to be a complication of AIDS and may appear even before patients find out they have the killer disease.

The Ministry of Health said earlier this month that there is no epidemic of tuberculosis in the Bahamas.

However, no one could say whether any of the 27 "isolated" cases reported this year were linked to the deadly AIDS virus.

Tuberculosis, which was totally eradicated in the Bahamas in 1962, appears to be on the decline

/9274

CSO: 5440/007

BELIZE

BRIEFS

IMMUNIZATION PROGRAM'S PROGRESS--Belize has entered on the third and final phase of its national immunization campaign. The work started in Orange Walk four months ago and will be concluded in the Belize District next week. Health authorities estimate that some 15,000 babies and young children under five have received the immunization protection against whooping cough, diphtheria, measles and tetanus. In 1985 alone measles killed 2 million children around the world. Tetanus or lock jaw killed another million and deaths from whooping cough caused another 500,000 small children to die. The diseases have crippled and handicapped many more. Belize has joined 40 other countries in mounting a campaign against these four killer diseases which attack children. The United Nations has set a target--to immunize all the children of the world by the year 1990. Health authorities in Belize want to finish this campaign on a strong note. Parents and guardians in Belize City and Belize District with children three months old and older are invited to make a serious effort to bring in these children for the protection they need and which is being given free of charge. Children who have missed one or more doses should now come forward so that make-good doses can be given. [Text] [Belize City THE REPORTER in English 3 Aug 86 p 12] /9317

CSO: 5440/004

BURUNDI

BRIEFS

AIDS STUDY FUNDED--The government of Burundi, in conjunction with Belgium and the World Health Organisation, has set up a programme to fight the spread of AIDS in the tiny East African country. Health Minister Fidele Sabimana told Agence France-Press in an interview that the precise extent of the disease was not known in Burundi, but it had become a "very serious problem" to the country. He said investigations to date had shown that 54 cases of Acquired Immune Deficiency Syndrome had been diagnosed in the country and five Burundians living abroad had been found to have the disease. "We still do not know the number of victims and those ill from AIDS in Burundi," he said. "But we know that there are many healthy carriers not yet identified." The campaign against the disease, for which no cure has yet been found, has involved a series of "thorough" epidemiological tests, the minister said. Belgium, the former colonial power, has backed the programme with about 100,000 dollars in material and technical assistance and the dispatch of experts. [Text] [Paris AFRICAN DEFENCE JOURNAL in English Aug 86 p 25] /9274

CSO: 5400/002

CANADA

AIDS RESEARCH LABORATORY, INCIDENCE DISCUSSED

Victoria Viral Culture Laboratory

Ottawa THE CITIZEN in English 18 Sep 86 p B20

[Text]

VICTORIA (CP) — The federal and provincial government announced Wednesday they will jointly build and operate a \$974,000 viral culture laboratory to help patients suffering from Acquire Immunity Deficiency Syndrome.

The first such laboratory in Western Canada is expected to open in January next year at the Health Ministry's provincial laboratories in Vancouver.

The special laboratory will make it possible for AIDS patients to participate in clinical trials of experimental drugs and other therapeutic research.

Toronto Deaths

Toronto THE TORONTO STAR in English 10 Sep 86 p A1

[Text]

AIDS was the top killer of Toronto residents between the ages of 35 and 44 last year, the city's medical officer of health said in his annual report released yesterday.

It is the first year that AIDS-related deaths have been numerous enough to list as a separate category. AIDS-related deaths among people in this age-group were so high that they overtook suicide as the number one killer, said Dr. Sandy Macpherson.

AIDS (Acquired Immune Deficiency Syndrome) is a fatal illness that destroys the body's ability to battle disease. It is transmitted through bodily fluids such as blood and semen.

"We've been expecting this for some time now," he said in an interview yesterday. "It has arisen as a landmark in the development of AIDS as a major problem in the community."

Suicide second

"I expect it will remain a lead killer of people in this age group," he added.

AIDS-related diseases caused 17 deaths among Toronto residents of both sexes between the ages of 35 and 44, the report said.

Suicide ranked second in this age category, causing 14 deaths, while the third place killers were breast cancer and heart disease which each took the lives of 10 residents.

A total of 38 people died of AIDS in Toronto last year. In 1984, there were only 9 AIDS-related deaths.

The glossy 24-page report which was distributed to health board members at their meeting yesterday lists the public health department's 12 priorities for the coming year.

Among those priorities listed are: parenting and the prevention of heart disease, suicide, drug and alcohol abuse, environmental and workplace health hazards.

Windsor Cases

Windsor THE WINDSOR STAR in English 21 Aug 86 p A3

[Text]

Two Windsor men died this week of acquired immune deficiency syndrome (AIDS), bringing the local toll of the disease to 16, Essex County's health unit reports.

Of the seven AIDS cases confirmed in the Windsor area this year, five have died, a public health nurse in the health unit's epidemiology department confirmed Wednesday.

One of the victims died Sunday, the second died Tuesday, said Audrey Young, of the Metro-Windsor Essex County Health Unit.

The disease, for which there is no known cure, continues to spread after a 43-year-old gay Windsor man became the first known Canadian AIDS fatality in 1982.

The first victim was the only death in 1982. There were no victims in 1983, four deaths in 1984, six deaths in 1985, and five deaths so far in 1986.

Dr. Phil Fioret, associate medical officer of health with the unit, said: Windsor continues to have one of the highest rates of AIDS in the country on a per-capita basis.

By comparison, Ottawa, with more than twice the population of Windsor, has reported 18 AIDS-related deaths.

The disease destroys the body's immune system, leaving it open to attack from viruses, cancers and other diseases. AIDS mainly attacks gay males and users of intravenous drugs — known as the "high-risk" group.

In addition to the 16 dead locally, two Windsor men are confirmed as having the disease and two others are suspected of having AIDS, Young said.

Of the 18 positively identified victims, "all were male and all were members of the high-risk group," Young said. All but two were Windsor residents.

/9317
CSO: 5420/101

CUBA

BRIEFS

HEMORRHAGIC CONJUNCTIVITIS OUTBREAKS--The Cuban Public Health Ministry announced today that hemorrhagic conjunctivitis had been detected in different parts of the country, and alerted the population to take extra hygienic precautions. Some of the measures that the Cuban authorities are taking to halt the spread of this virus include the monitoring of ill persons who travel out of the country or to the interior at airports, ports, and bus and railroad stations. The first cases were detected at the special Isle of Youth municipality, and other outbreaks have occurred in Havana and Las Tunas provinces. Hemorrhagic conjunctivitis is a viral disease that appears as eye redness, thick tears, and swollen eyelids; it usually disappears in a few days without leaving any after-effects. This epidemic appeared for the first time in Cuba in September 1981, when the Cuban Government accused the United States of introducing and spreading it around the territory as part of U.S. bacteriological warfare against our country. [Text] [Havana International Service in Spanish 1600 GMT 8 Sep 86] /9604

CSO: 5400/2001

FINLAND

NATIONWIDE AIDS TEST FOR EXPECTANT MOTHERS INITIATED

Helsinki HELSINGIN SANOMAT in Finnish 21 Aug 86 p 7

[Article: "AIDS Tests at Helsinki's Maternity Clinics Beginning in September"]

[Text] AIDS testing will commence in Helsinki's maternity clinics in September. All expectant mothers will be tested, and those who have contracted the disease will be given the opportunity to have an abortion. The testing will be conducted until the end of the year, after which a decision will be made by the National Board of Health whether to expand the AIDS test to all maternity clinics.

The National Board of Health does not intend to embark on a compulsory nationwide program of AIDS testing since there is no cure for or preventive vaccine against the disease.

The National Board of Health emphasizes that the test is voluntary for expectant mothers and it can be refused. A husband will be tested if the woman is confirmed to have the HIV-virus. It is rather certain that the virus infection will be transferred to the fetus so that an abortion is recommended to mothers in the early stages of pregnancy.

The National Board of Health's AIDS study group has also given consideration to whether AIDS tests should be administered to recruits. The group has decided against such testing. One of the reasons for the decision was that possible homosexuality is not yet completely developed in that age group.

The study group has also debated whether everyone entering a hospital should be tested for AIDS. The group does not consider such a measure to be justified. The attending physician will determine whether an AIDS test is necessary on an individual case basis.

Anonymous Testing

According to the National Health Board's AIDS study group, not enough people belonging to the risk groups have volunteered for the testing. Since disclosure of one's homosexuality or other sexual behavior has been considered to be one of the obstacles, anonymous testing has been considered. This fall it

will be possible to be tested anonymously at least in Helsinki and later in Turku, Kuopio, and Oulu. It is believed that this will increase the number of risk group members who will come in for voluntary testing.

It will be possible to be tested anonymously in Helsinki at the AIDS support center, which will begin its operations in September. In connection with it there will also be a consultation with a physician. The physician will mark the blood sample tubes with certain codes and only he will know the name of the patient. The test will be free.

The AIDS support center was started by the Sexual Equality Association (Seta). Funds have not yet been fully arranged, but negotiations with the city of Helsinki on the support center's role are nearly completed. In addition to doctors, three permanent employees will be needed.

Only 150,000 markkaa are guaranteed for this year and slightly more for subsequent years. The physicians will be from the National Health Institute. Setä is presently negotiating with the Social Ministry for additional funds. Funds have also been requested from the church. A similar support center in Stockholm receives more than a million kronor annually.

The AIDS support center will give aid to all AIDS victims and their families.

In Finland tests have been conducted on more than 250,000 blood samples, of which the majority has come from blood donations. Twenty thousands Finns have volunteered for the AIDS test. Twelve individuals have contracted AIDS, of whom eight have died.

The number of infected people in Finland is 101, of whom seven are women. One of them is an expectant mother. The number of infected individuals without symptoms is 47 and the number of individuals suffering from initial stages of the disease is 43. The number of new cases this year is 37. Homosexuals make up 90 percent of all those infected with the AIDS virus.

Infected individuals have generally been found among those who subjected themselves to voluntary testing, separate screenings have produced reasonably hopeful results. Experts consider it certain that the disease will spread throughout Finland. However, the National Board of Health decided on Wednesday that there is no cause for compulsory nationwide AIDS testing.

AIDS Group Emphasizes Sense of Responsibility

The AIDS group is emphasizing a sense of responsibility so that anyone who suspects that he may be infected submit themselves for voluntary testing. A sense of responsibility also includes measures to prevent the spread of the disease.

In foreign countries AIDS or acquired immune deficiency syndrome is spreading especially in those cities in which there is street prostitution and drug abuse by means of intravenous injection. In Central Europe prostitutes make

up the majority of women infected with AIDS. For example, five Finns were infected in brothels.

The National Board of Health's measures still include a study of attitudes and opinions. By means of a such a study the National Board of Health will try to clarify people's knowledge about AIDS, the risk of infection, attitudes toward AIDS, attitudes toward compulsory testing, and so on. At the same time, a determination will be made as to whether people are ready to change their sexual behavior. The study will begin in the fall, and the report will be completed in the spring. Subsequent AIDS measures by the National Board of Health will be based on it.

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CSO: 5400/2564

FINLAND

RECENT IMMUNIZATION CAMPAIGN AGAINST POLIO HIGHLY SUCCESSFUL

Helsinki HELSINGIN SANOMAT in Finnish 21 Aug 86 p 7

[Article: "Sugar Cube Vaccine Eliminated Polio Virus in Finland"]

[Text] A sugar cube vaccine administered to Finns in the beginning of last year effectively eliminated the polio virus in Finland. No cases of polio have appeared since the sugar cube campaign, and no carriers of the polio virus have been found.

Assistant Professor Tapani Hovi of the National Health Institute considers the fact that approximately one-fourth of Finns between the ages of 20 and 40 does not have the Polio III Finland-virus antibody as the only minus of the campaign. A couple of years ago the virus in question caused an epidemic in Finland, and ten people came down with the disease.

The vaccine intended for protection against the normal polio virus generally provides protection for 90 percent of those receiving the vaccination.

"Now those people without the antibodies are not completely without protection against polio since previous vaccinations keep away polio viruses prevalent elsewhere in the world," says Tapani Hovi. "It is possible that they also offer protection against the Finnish virus."

According to Hovi, the National Health Institute has been aware of the matter for a year already, but new vaccinations have not been considered necessary.

As far as is known, a pathogenic agent similar to the Finnish mutation of the polio virus has not been found elsewhere in the world. The same kind of polio virus could possibly be present in developing countries where they are not capable of effectively classifying viruses.

In Hovi's opinion, individuals travelling to developing countries for a month or more should obtain an additional vaccination against polio. "There is no reason to get a vaccination for a 2-week Mediterranean vacation," notes Hovi. Also the National Board of Health has not issued an official recommendation to get an additional vaccination.

According to Tapani Hovi, the effectiveness of the sugar cube vaccine depended, to a great degree, on the individual vaccination history of each person. Those people who did not previously come into contact with the general polio virus have remained without the antibodies. On the other hand, they were not included in the effective clinical immunization program.

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CSO: 5400/2564

GERMAN DEMOCRATIC REPUBLIC

AIDS COUNTERMEASURES 'RELATIVELY EFFECTIVE'

Hamburg DER SPIEGEL in German Vol 40 no 37, 8 Sep 86 pp 147-148

[Article: "Staggered Defense: AIDS Is Spreading in the East Bloc, Too"]

[Text] Actually, the scientists had gathered in the Hungarian capital late last month for a big international conference on cancer, but then they started arguing about a more exciting subject, acquired immunodeficiency syndrome (AIDS): Can the epidemic disease be transmitted by insects?

The French answer: Possibly in Africa, in Europe no. The American opinion: Neither nor. Summary by the Hungarian conference leadership: We do not know.

Instead, through discussions behind the scenes the assembly of physicians succeeded in clarifying another question which had remained unanswered for a long time: How fast is AIDS spreading in the East Bloc countries?

Officially, the East Bloc physicians consider the epidemic an "American syndrome" (as stated by the newspaper SOVIETSKAYA ROSSIYA) which can be transmitted only through "perverted forms of sexual intercourse". As LITERATURNAYA GAZETA stated only a few weeks ago, AIDS is the "result of chemical weapons experiments by the U.S. defense ministry". U.S. ambassador Hartmann found such a claim to be "both reprehensible and incorrect" and filed a protest on behalf of his government.

So far, the Soviet Union has reported three cases of AIDS to the World Health Organization (WHO); the United States reported 24,011 AIDS victims, of whom 13,272 have already died from the viral epidemic. Russian physicians admitted that "a few dozen" people living in Budapest tested positive, but probably even this report grossly understates the facts. In June, the renowned Moscow virologist Victor Schadanov admitted during a stay in Paris: "AIDS has been present in my country at least since 1974." At that time, a two-year-old Russian girl was infected with AIDS through a blood transfusion. The donor was a Soviet soldier who had served as a military advisor in Africa.

Soviet AIDS experts consider the "African connection" to be the umbilical cord of the epidemic: Since the sixties,, thousands of black Africans have been studying at the Lomumba University in Moscow. During the same period tens of thousands of Soviet soldiers, secret service men, economists, and diplomats

have been ordered to countries of the African continent to render brotherly assistance.

To be sure, the Soviet government prevents sexual contacts between visitors and hosts (to the extent this is possible). However, "sexual immorality", including the "unnatural one"--against which Deputy Health Minister Piotr Burgassov explicitly warned his fellow countrymen--cannot be stopped at the Soviet borders. Burgassov: "We do not live in isolation from the world."

The Moscow guardians of health take solace in the fact that they have two AIDS-promoting risks largely under control: There is no market for intravenously injected drugs, since the rubel is not a freely convertible currency. Nor was the development of a promiscuous homosexual subculture possible: In the Soviet Union, sexual acts between adult males are punished by imprisonment for up to five years.

In other East Bloc countries as well--in particular in Hungary, Poland, and the GDR--the health authorities have recently been keeping a watchful eye on homosexuals again. In Budapest and Warsaw, where everybody has been free to do his own thing up to now, homosexual men account for the majority of those who test HIV-positive*.

According to official statements, so far no AIDS-patient has died either in Poland or in Hungary. Only Czechoslovakia admits to two deaths, a black African and a homosexual Czechoslovakian.

The centralist health authorities of the GDR consider the epidemic which is rapidly approaching from the West and South as a special challenge. The East German republic is proud--and rightly so-- of its successes in the fight against infectious diseases. By reporting requirements, complete mass screening, and tightly organized vaccination campaigns the treatable infectious diseases (measles, polio) have been eradicated or strongly pushed back (syphilis, hepatitis, gonorrhea).

In the past four years, the GDR has established a multi-level defense systems against AIDS as well:

--The GDR Ministry of Health formed an AIDS work group with full authority, established "consultation centers" everywhere in the provinces, and provided beds on an isolation ward in Berlin as a precaution.

--As in the other East Bloc countries (but also in Sweden, Austria and numerous states of the United States) reporting by name become mandatory for all suspected and actual AIDS cases as well as for deaths from AIDS.

As one East Berlin epidemic fighter explained, "We do not only want to keep track of the situation, but--as is the case with gonorrhea and syphilis--use the reporting requirement to thoroughly inform the patients and find, examine, inform, and warn their partners at risk in time."

As a precaution, the target group of promiscuous homosexuals was reduced in early 1984 in a simple, if not very nice way: Everybody who wanted to was allowed to emigrate to the West with the large emigration wave from the GDR. Approximately 10,000 homosexuals took advantage of the offer. The remaining homosexuals, most of whom live in East Berlin, are alternately shown the carrot and the stick by the government.

At the homosexual meeting places-- the "Burgfrieden", the "Schoppenstube", the "Opern-Cafe", the "Disco im Cafe Prenzlauer Berg"--the national security service warns every suspected guest against getting infected with AIDS by visitors from the West. Those infected can be assured of life-time quarantine, they are told.

The male prostitutes in the Friedrichshain park and around the lavatories at the subway station Dimitroff street--who appreciate Western marks--were repeatedly taken out of circulation for AIDS testing and firm lecturing. Now, double patrols of the "hygienics inspection" who wear civilian clothes and are averse to any amorous rendezvous make their rounds at the meeting places.

At the same time, the GDR government shows understanding and permits and promotes a discussion of homosexual desires in their own cultural centers and meeting places. Newspapers and sexologists urge the population to show "greater tolerance". From a strategic point of view, the reliable information on the number and behavior of the citizens threatened by AIDS which can be obtained through such government care is a desirable side effect. "We do not discriminate against homosexuals," AIDS fighter Erwin Guenther of the University of Jena explains, and "criminal drug traffic does not exist in the GDR anyhow." Therefore, the disease does not have a "social base".

The anti-AIDS strategy of the GDR appears to be comparatively effective. As told by physicians, not a single patient has died from AIDS so far. The experts do not believe that in the long run the Soviet Union, Hungary, and Poland, whose health authorities display some of the customary inefficiency, can show results comparable to those of the GDR in the fight against AIDS.

The head of the department for clinical immunology of the Moscow Central Institute for the Continuing Education of Physicians, Professor Gordyanko, gave his fellow citizens only a very general, Chernobyl-style promise: "There is no doubt that the Soviet health system with national and international achievements of medical science at its disposal is erecting a reliable barrier against the virus."

The scientist did not reveal what type of barrier this could be.

His colleague Sergei Drosdov encouraged the Soviet physicians to take a first defensive step. They should stop treating AIDS as a taboo, should no longer

"bashfully close their eyes according to the slogan: Those who sin are the ones who should cry over it."

- * HIV = Human Immunodeficiency Virus which causes the AIDS disease; was previously called LAV/HTLV-3-virus. The AIDS researchers agreed on the new name during their international conference in Paris in June of this year.

12831

CSO: 5400/3026

GHANA

BRIEFS

GUINEA WORM ERADICATION--Guinea-worm which put down most of the people of the farming communities in the Murugu area in the West Gonja District, has now been eradicated. According to a report submitted to a one-day zonal CDR, conference at Murugu by Mr J. E. Jedu, CDR Zonal Organizing Assistant for Murugu, the disease has been eliminated because the people were mobilised by the CDR to provide themselves with good rinking water from a bore-hole they drilled at the cost of 050,000. The Mole stream had served as their only source of water. Mr Jedu said the people were preparing to construct a bridge over the Mole River during the dry season with the assistance of the CDRs. [Text] [Accra PEOPLE'S DAILY GRAPHIC in English 5 Sep 86 p 8] /9274

CSO: 5400/3

GUYANA

INCREASED INCIDENCE OF MALARIA CAUSING ALARM

Georgetown MIRROR in English 31 Aug 86 p 4

[Text] MIRROR recently reported on the sharp increase in the number of cases of malaria in Guyana. In the Rupununi, the annual figures for the number of malaria cases for 1984 have more than trebled by the first half of 1986. At that rate, by year end, the figures for increases in Rupununi will be six times higher in two years. The number of cases in the Pomeroon River has jumped by over 60 per cent in the same period. In the Mazarunt, Cuyuni, Potaro areas, there has also been sharp increases, the figures having been increased some 16 times over the same period.

The statistics surprisingly show a marked increase in the rate of malaria in the strictly coastal belt, as different from riverain and interior areas. The coastal belt had been almost free of malaria for years.

No doubt the number of recorded cases of malaria this year is higher than the 1984 figures because of greater activity in taking blood samples, since the larger the range of testing, the more cases which will show up as positive. What is disturbing is that the Malaria Control Services have been sitting on a time bomb, with spiralling malaria cases over a period of some 5 years.

The half yearly figure of malaria cases for this year is near to 6,000. This means that it may rise to 12,000 by year end, 2,000 more than the MIRROR estimated in a recent report.

Reports reaching the MIRROR state that people in the border areas of Guyana, particularly the Rupununi, are very disturbed over the increases in malaria. There are reports of persons having multiple attacks of the disease and also, of it being associated with an increase in tuberculosis. There is a call for full mobilisation of the medical services to combat the disease.

/9274

CSO: 5440/008

HONG KONG

HONG KONG DECLARED CHOLERA-FREE, MORE CASES APPEAR

20 Aug Announcement

Hong Kong SOUTH CHINA MORNING POST in English 20 Aug 86 p 1

[Text]

HONGKONG is again cholera-free - 17 days after the territory became an infected area.

The Deputy Director of Medical and Health Services, Dr S.H. Lee, said yesterday that in accordance with the World Health Organisation (WHO) regulations, Hongkong was declared free of cholera because 10 days had lapsed since the last case was isolated.

The last cholera patient was isolated on August 6.

In addition, he said, there was no evidence that the disease was spreading beyond the primary cases.

Hongkong was declared cholera-infected on August 2, and a total of 22 confirmed cases have been reported since then.

Despite the clearance, however, Dr Lee - who is also chairman of the special task force set up to control the outbreak - stressed that the public should not relax their guard against cholera.

Dr Lee said: "As cholera is endemic in this part of the world, a recurrence of the disease is expected from time to time. Therefore, there is a need to maintain close vigilance on the disease and to maintain preventive measures."

He stressed the need for rigorous standards of cleanliness and personal hygiene, and said cholera vaccinations would be available until Friday at eight Government health clinics.

The Municipal Services Branch, Urban Services Regional Services and Housing departments will continue inspecting food premises, cracking down on illegal hawkers and examining water and food samples to prevent a recurrence of the disease.

USD health officers yesterday inspected 969 food premises, issuing nine summonses as a result and 868 warnings. In addition, they arrested 35 illegal hawkers.

Case From Indonesia

Hong Kong SOUTH CHINA MORNING POST in English 3 Sep 86 p 20

[Text]

ANOTHER cholera case was confirmed by the Medical and Health Department yesterday - that of a 24-year-old Japanese woman living in Kwun Tong who had just returned from Indonesia.

The case has been classified as imported.

The patient came back to Hongkong last Friday. On Saturday morning she was suffering diarrhoea, fever and vomiting.

She was admitted to Queen Elizabeth Hospital and transferred to Princess Margaret on Monday.

Her condition was described as satisfactory last night.

Health officers have located people who have been in close contact with her and disinfected her Kwun Tong flat.

A department spokesman said there had been a total of 22 local cholera cases and five imported cases this year.

He said the department had not been, and would not be checking if in-coming passengers were suffering from the disease.

He stressed that cholera was endemic in this part of the world.

"It is essential to maintain a high standard of personal and food hygiene both at home and while travelling abroad," he said.

Singaporean, Malaysian Victims

Hong Kong HONGKONG STANDARD in English 6 Sep 86 p 24

[Text]

THE Medical and Health Department yesterday confirmed two new cholera cases. The two patients were a Singaporean, 22, and a Malaysian, 24, both of whom are air hostesses.

They came to Hongkong on August 29, after a stop in Indonesia.

The Department said there was no need to declare Hongkong a cholera-infected area, since they believed the two patients had contracted the disease in Indonesia and classified them as imported cases.

The Department said the two patients were close contacts of the last cholera patient - a Japanese woman who is now being treated at Princess Margaret Hospital.

The Department refused to disclose their names and

addresses, but sources said the two new patients were airline colleagues of the Japanese woman.

The two new patients were contacted by the Department on Thursday, and both of them were admitted to the Princess Margaret Hospital in satisfactory condition. They had developed mild symptoms of diarrhoea the day after their return.

"Cholera is endemic in this part of the world and it is therefore essential to observe strict personal and food hygiene at home and while travelling abroad," said a spokesman for the Department.

"It is of utmost importance that people returning to Hongkong should consult a doctor if they develop symptoms of vomiting, diarrhoea and fever."

/6091

CSO: 5450/0004

HONG KONG

NEW AIDS CASE CAUSES TESTS TO BE ORDERED

Hong Kong SOUTH CHINA MORNING POST in English 6 Sep 86 p 1

[Article by Brian Wong]

[Text]

ALL of Hongkong's major hospitals have been ordered to test kidney patients for AIDS after one such patient at Queen Mary Hospital reacted positively to the test.

The renal patient, whose identity was withheld by the Medical and Health Department, was given a transfusion of blood contaminated with the Acquired Immune Deficiency Syndrome virus two years ago.

The Red Cross Blood Transfusion Service subsequently traced the donor, who also showed a positive result for AIDS antibodies.

The contaminated blood was also given to three patients two years ago, before the Red Cross started the screening tests in August last year.

Of the three patients, one has died, another has not been located and the third is a dialysis patient at Queen Mary Hospital.

The department's chief information officer, Mrs Juliana Ma, said yesterday the patient who had died had not been a victim of AIDS. She said the person who had yet to be found was not a kidney patient.

After being alerted by the Red Cross last month, Government hospitals and other hospitals which came under

department control in providing haemodialysis treatment, were instructed to carry out screening tests. The department had identified 196 renal patients.

Mrs Ma stressed that although patients proved positive to the Eliza blood tests — meaning that their blood was found to have antibodies to the AIDS virus — this did not mean they would develop the disease or carried the AIDS virus.

The patient in Queen Mary Hospital is Hongkong's first known case of positive reaction to involve a kidney patient.

Three men had died from AIDS in Hongkong so far.

Medical and Health Department tests between August last year and mid-April identified a total of 60 blood samples which were positive for AIDS antibodies.

Of these, 40 were haemophiliacs. Homosexuals and bisexuals were believed to have made up the remainder. None were intravenous drug users.

About 15 of the haemophiliacs are schoolchildren, the youngest being a seven-year-old boy.

As renal patients used various hospital and various haemodialysis machines, hospitals were instructed to

test every renal patient as a precautionary measure.

The significance of the test was only to detect the presence of antibodies to the HTLV III virus, without telling whether the virus was alive or dead at the time of contact, she said.

So far 22 dialysis patients at Queen Mary Hospital have been tested for the virus. Seventeen have shown up negative and five are awaiting results.

She said the screening tests started from Queen Mary Hospital last week and that all nursing staff at renal wards of all the hospitals would also have to be screened.

Seventeen nurses have been tested so far, and 16 have shown negative and one is awaiting the result.

She said the kidney patient at the hospital had been interviewed by a special counselling team that helped the affected families.

Patients and families are advised not to share toothbrushes or razors, to engage only in "safe sex" in the case

of adults, and never give blood.

The Red Cross blood transfusion service started AIDS screening tests in August last year following widespread publicity about the killer disease overseas.

The Eliza blood tests reassure people there will be no risk of anyone contracting the deadly disease through blood donations.

The tests, which cost \$3 million a year, have a 99.8 per cent accuracy in detecting the presence of the deadly virus in donated blood.

The Red Cross measures to prevent individuals belonging to high-risk groups such as homosexuals, their partners and intravenous drug users from donating blood included the introduction of a "green card" system.

Only people issued with the green card after their blood has been screened may donate blood.

HONG KONG

RABIES FROM PRC, ANTIRABIES PATROLS AT BORDER

Hong Kong SOUTH CHINA MORNING POST in English 30 Aug 86 p 23

[Text]

THE 37-year-old Hong-kong man who died of rabies after being bitten by a dog in China could not have been saved by doctors, the Medical Association said yesterday.

An association spokesman said Mr Ko Kwok-keung, who died on Saturday at Princess Margaret Hospital, had been infected with the disease for more than two months before seeking treatment.

"Once the disease has progressed this far, there is nothing doctors can do," the spokesman said.

"Mr Ko would have died regardless of the treatment he received at any of the hospitals he visited."

Mr Ko's family are considering taking legal action against one Government hos-

pital which diagnosed Mr Ko as a mental patient and failed to treat him for rabies.

They claim Mr Ko might not have died if rabies had been detected and Mr Ko treated accordingly.

But the association spokesman yesterday denied this, saying Mr Ko had not visited a doctor immediately after being bitten and that the rabies virus would have infected his brain by the time he entered Queen Mary Hospital on August 16.

"The rabies virus has a dormant period ranging from 10 days to a year," he said.

"Mr Ko obviously felt the affects of the disease two months after being infected and by that time it was too late.

"He should have reported

the dog bite to a doctor as soon as possible.

"He might have been effectively treated at that stage.

"But there is nothing doctors can do once the virus has gone to the brain.

"It was inevitable that Mr Ko would die."

The spokesman said rabies was prevalent across the border and people should be aware of the dangers of rabid animals.

He urged the Government to step up its rabies education program and advised the community of the need to seek medical advice as soon as possible after being bitten by any dog.

"Don't leave it until you start feeling ill," he said.

"By then, the patient has often forgotten that he or she was bitten by a dog two

months ago and doctors have little idea of what might be the problem.

"If it is diagnosed early, then something can be done."

The association spokesman also criticised Shenzhen officials who killed the dog which bit Mr Ko.

"It should have been kept for observation," he said.

● The Agriculture and Fisheries Department has stepped up anti-rabies patrols at the border.

The raids are being conducted in populated areas such as Lowu, Sha Tau Kok and Lok Ma Chau into which dogs from China could easily wander.

The Government will continue to classify the border area as rabies infected to guard against the disease spreading from the mainland.

/6091

CSO: 5450/0002

INDIA

STATISTICS ON ASSAM ENCEPHALITIS EPIDEMIC GIVEN

Calcutta THE TELEGRAPH in English 4 Sep 86 p 4

[Text]

Shillong, Sept. 3 (UNI): At least 160 people have been killed and more than 500 affected by the deadly viral disease, Japanese Encephalitis, raging in Assam for the last seven weeks.

The disease has assumed an epidemic form in Nagaon, Sonitpur, Jorhat, Dibrugarh and North Lakhimpur districts, affecting particularly the poor, according to Union health ministry sources here.

The death rate during the current epidemic is found to be much higher compared to previous years, the sources said, adding that 59 people had died of the disease in 1982.

The disease, first noticed in the state in 1978, became a regular feature since 1981 when it killed 46 persons. It, however, remained comparatively dormant since 1983.

The death toll in the current epidemic might be higher if the

figure of these who died outside hospitals is taken into account, the sources said.

The regional director of the health and family welfare department and a medical officer went to Assam from here to study the epidemiological situation of the disease which shows no sign of abating.

The disease has virtually become a national health hazard, having spread to at least 12 states and three Union territories since 1981. A total of 5162 people have died of it between 1981 and 1985. At least 15,000 people were affected by the disease during this period.

The sources said while the incidence of malaria was on the decline in other parts of the country, it was on the increase in the north-eastern region, particularly in Assam and Mizoram, since last year.

/13046
CSO: 5450/0007

INDIA

INSTANCE OF LEPROSY IN CALCUTTA ON RISE

Calcutta THE STATESMAN in English 25 Aug 86 p 9

[Text]

THE incidence of leprosy in Calcutta is on the rise. Of the nearly 400,000 people afflicted with the disease in West Bengal, the largest concentration, about 65,000, is in the city. Purulia with about 40,000, has the second largest number. These figures, according to leprologists, are conservative estimates made by officials through a system of data collection, which is largely "faulty" and "incomprehensive". Unofficially, leprosy victims in the State number about 700,000, with 100,000 staying in Calcutta and its suburbs. While some of the leprosy experts believe that the number of cases is increasing because of better detection in recent years, others do not hold this view.

There is a feeling among leprologists that 50% of the cases being registered in city hospitals and clinics every day comprise victims migrating from the adjacent States, such as Uttar Pradesh, Bihar and Orissa, in the hope of better treatment. It is regretted that the good work being done by the missionaries in this field has its drawbacks because their devotion and the care they take have attracted victims from other States. Victims have often sought refuge in the clinics run by the missionaries to escape ostracization and to avail themselves of additional amenities such as food, milk and blankets. The areas in the city where the disease has spread to a large extent include Metiabruz, Kidderpore, Garden Reach, Santoshpur, Behala, Tollygunge, Jadavpur, Cossipore, Park Circus, Motiheel, Beliaghata and Tangra.

In fact, the State Government's leprologists are viewing the ambitious Leprosy Eradication Programme with disbelief. The countrywide programme taken

up in 1982 and launched with much fanfare, is in dire straits as very few doctors are opting to specialize in this particular branch of medicine. Of the 125 posts sanctioned by the State Government in different clinics and hospitals all over West Bengal, almost 50% are lying vacant. At the leprosy section of the School of Tropical Medicine, three of the five posts sanctioned by the State Government are vacant.

It is admitted that the social stigma associated with the disease and the dearth of incentives are preventing young doctors from specializing in leprology. The few who are going in for specialization are attracted by the promise of scientific research. There is not enough motivation among them to devote their careers to the cause. None of the medical colleges in the city, it is alleged, is serious in its attitude towards leprosy treatment even if the hospitals have leprosy wings attached to their respective dermatological departments.

Social workers associated with the missionaries and other voluntary organizations are dedicated but the treatment provided by them often falls far short of the standards required, it is alleged. Causes referred to the School of Tropical Medicine by these organizations frequently develop complications because of inaccurate treatment at an early stage. Treatment of leprosy requires expertise and the dosage of the multi-drug regimen should be based on laboratory assessment which is rarely made outside the Tropical School and a few clinics run by the missionaries.

Yet, drugs are never in short supply and the Centre has been

providing a large quantity of drugs sent by the World Health Organization. In the '80s, leprosy treatment underwent a radical change following the introduction of two drugs, Rifampicin and Clofazimine. It was thought that since the leprosy bacteria and the tuberculosis germ belonged to the same group, the two drugs which have been so successful in fighting tuberculosis would also be successful in combatting leprosy. Even though the two drugs turned out to be more effective than the earlier Dapsone, the improvement in leprosy treatment following the introduction of these drugs fell far short of expectations. In most cases, the drugs were not prescribed in the right doses as laboratory assessment of the cases was not available.

The two drugs freely available at the Central Drug Stores depot in the city lie unused. Since the drugs are costly, the Centre and the WHO have demanded that the prescriptions must be recorded and the patient's case history maintained at all hospitals and clinics. It is alleged that to avoid the cumbersome process of recording the list of medicines handed over to the patients, the city hospitals often avoid requisitioning these drugs. The same is true for district hospitals where the district health administration do not requisition these drugs for long periods.

One of the stipulations laid down by the WHO guidelines in applying the multi-drug regimen has been bothering the experts. In the case of non-infectious patients, the guidelines state that two-tier regimen comprising Rifampicin and Dapsone should be provided for six months following which the patient may be certified as cured. For infectious cases, the patient is to be administered a three-tier regimen over a two-year period after which he may also be certified as cured. Experts, however, feel that even after the stipulated periods are over, the disease and even its outward symptoms remain. As a result, the patients move from clinic to clinic after six-month or two-year periods procuring "cured" certificates even if he continues to be diseased.

The patients, themselves, are to blame for the irregular treat-

ment they receive. In a survey conducted at the Tropical School, it was noted that there were several reasons for the large number of drop-outs. Some are fed up with the prolonged treatment while others stop coming because they are ignorant. A large percentage of the drop-outs is indifferent, some are poor and cannot afford the periodic journey to hospitals, some are afraid of society or the religious community they belong to and some are afraid of losing their jobs. A small fraction of the patients who stop being treated is aged and infirm while another fraction stays away from the hospital wrongly believing that it has been cured.

Where the drugs have been successful is in reducing the deformity of the affected patients to a large extent. But in improving the loss of sensation and neurological complications, the drugs have not been wholly successful. There is difficulty in administering the toxic drug, Clofazimine, which changes the affected person's complexion to coppery red at the initial stage and is unpopular among the patients.

It is stressed that efforts must be made to develop anti-leprosy vaccines, which would largely reduce the incidence of the disease. At present, such research is going on at Jhalda in Purulia under the supervision of Dr P. R. Chatterjee and at the Tropical School under the guidance of Dr S. Choudhury. Experiments are also being made to produce new drugs. For example, the Tropical School is treating patients with capsules containing extracts of hydnocarpic acid obtained from chamugra and gynecocide, obtained from the plant known as "thankuni" or *Centella asiatica*.

There are suggestions that the Government should make efforts to develop an integrated approach to combatting the problem. The Government hospitals and clinics should be made to co-operate with the work being done by organizations such as the Missionaries of Charity and Greater Calcutta Leprosy Treatment and Health Education Scheme. Statistics acquired on the problem should be analyzed in a more scientific way, taking all the parameters into account.

INDIA

DRACONTIASIS AFFECTS 45 PERCENT OF INDIANS

New Delhi PATRIOT in English 23 Aug 86 p 2

[Text]

Jodhpur: Dracontiasis is extant in about 55 per cent of the total area of India and embraces about 45 per cent of India's population. In addition around 1,43,86,026 persons, comprising 2.09 per cent of the total population of the country, are believed to be at risk, says Dr Sylvester Johnson, Professor and Head, Department of Zoology of the University of Jodhpur, who has been conducting research on the disease for the last several years.

He says that twice as many men as women are infected. People between 10-40 years of age constitute the most vulnerable group. Most people make their first contact with guinea worm in their twenties. The initial infection does not generate immunity towards subsequent infections. Reinfection rate is very high, 72.1 per cent in Western Rajasthan. Several patients suffer for 15-25 years and in some instances almost continuously for 50 years. The largest number of reinfected cases are met within the most active working age group 20-29 years.

Dr Johnson says that a patient is completely disabled for 30-90 days during the peak agricultural activity period. The temporarily reduced mobility of the patient has prompted the Rajasthanis saying "Bala Ghar Rakhwala". A global loss of marketable goods worth 300 million to one billion US dollars has been

estimated, while the loss in terms of household produce, reduced educational opportunities and personal suffering is thought to be nearly identical.

He further says that the tell tale blister makes it very easy to diagnose dracontiasis when the worm is about to emerge. Diagnostic tests for detection of guinea worm in its year-long prepatent phase are not available for routine use. Specific treatment is yet to come through guinea worm has been with us since the biblical times. The situation is best described by the Rajasthanis saying "ek naru", "hazar daru". i.e. one guinea worm, a thousand medicines. Drugs commonly suggested are unsuitable for effective mass treatment. Surgical removal or rolling out of the worm on a stick are attempted with varying success. Poultice-like application of leaves of any plant easily available or warm mud-packs are also tried. Most of these cause secondary bacterial infections literally throwing the patient from the frying pan into the fire.

The control and preventive measures resolve into: Preclusion of contamination of water by stopping entry of patients into water, vector control by suitable cyclopicidal treatment of cyclops-infected water, provision of safe water and a practical meaningful health education programme, Dr Johnson adds..

/13046
CSO: 5450/0005

INDIA

BRIEFS

DYSENTERY, MALARIA OUTBREAKS--Jagdalpur (Bastar), Sept 3--More than 47 people died of dysentery and malaria in four villages in the tribal district of Bastar in eastern Madhya Pradesh in the last three days, report agencies. According to reports received here, 15 persons died of dysentery at village Auliwada near here. Although a medical team had been posted at the adjoining Pandharipani village, three persons died yesterday as the stock of medicines with the team had exhausted. The reports said 29 persons died of malaria in two villages in Konta Tehsil in the last three days. Twenty deaths were reported from Gonpalli village and nine at village Godrearas. [Text] [New Delhi PATRIOT in English 4 Sep 86 p 6] /13046

MYSTERY DISEASES DEATHS--Mysterious Disease Kills 3 (TOINS): A mysterious disease has taken a toll of three lives and affected 400 others at Mhaispur near Akola, according to reports reaching here. The symptoms are said to be cold and pain in the limbs. [Text] [Bombay THE TIMES OF INDIA in English 2 Sep 86 p 7] /13046

DIPHTHERIA DEATHS REPORTED--Rajkot, August 24 (PTI): Five of the 15 children suffering from diphtheria, who had been admitted to the K.T. childrens' hospital here during the past month, succumbed to the disease, according to the superintendent of the hospital, Dr. (Miss) Manorama Mehta. Two of them died during past two days while seven were still under treatment. The rest had been discharged, she said. Dr. Mehta said this disease, which can easily be prevented by administering the triple antigen vaccine in time to children, had taken the form of an epidemic as one or two cases are being admitted daily. Administration of the vaccination had already been started at the hospital, she added. [Text] [Bombay THE TIMES OF INDIA in English, 25 Aug 86 p 17] /13046

CHOLERA IN MELUR--Madurai, Aug. 30. At least three persons died of cholera and 196 people were admitted to the Government hospital at Melur in the last one week, Mr. R. Varadarajulu, Madurai Collector, told newsmen here on Saturday. M. Kattuva (12) of Kallamputtu, A. Palaniswamy (13) of Periasooraikundu and Y. Hakim Sait (5) of Melur town died on August 24. In and around Melur, 24 villages had been alerted. About 37,000 people had been inoculated and measures like chlorination, undertaken by the health staff. Of the 196 persons admitted to the hospital, 86 persons were discharged. In the last two or three days, there was no new admission. [Text] [Madras THE HINDU in English 31 Aug 86 p 13] /13046

LETTER ON AIDS--Bombay, Aug. 29.--The Union Health Ministry now has evidence of 18 AIDS infection cases in the country, reports PTI. Of these, only two were confirmed to have contracted the disease, reports PTI. Stating this in a letter to the Indian Health Organization here, the Joint Secretary in the Union Health Ministry, Mr P.R. Das Gupta, has said that one of the 18 victims had the AIDS-Related Complex. The remaining 15 have shown no symptoms so far. Referring to the reports of six AIDS victims being found in Madras, Mr Das Gupta said: "The Union Minister for Health and Family Welfare clearly mentioned in Parliament that no a single case of AIDS was detected, but that evidence of AIDS infection was found in six women in Tamil Nadu." [Text] [Calcutta THE STATESMAN in English 30 Aug 86 p 13] /13046

CSO: 5450/0008

ISRAEL

SECOND FEMALE AIDS VICTIM REPORTED

Tel Aviv MA'ARIV in Hebrew 10 Sep 86 p 12

[Text] A young woman, a patient at Yoseftal Hospital in Eilat due to an acute viral disease was diagnosed as having AIDS. The woman recovered from the disease for which she had been originally hospitalized, was released and then sent to a center for treatment of AIDS victims.

The woman is known to be a drug addict and has been living in Eilat for several years. She is an immigrant from a western country. She is married and is a mother of a young daughter.

Several weeks ago the woman was hospitalized for a rare and severe viral disease. After recovering and having been released, she came down with that same disease. The repeated hospitalization aroused the hospital's suspicion and a blood test revealed that she had AIDS antibodies. It is not known whether the disease has already developed and reached a stage where repeated diseases manifest themselves.

According to procedures practiced in Israel the patient's family is not notified of their relative's disease, even when it is a serious and contagious ailment. The patient alone has the right to decide as to whether to notify his or her family.

Dalia Mazuri reports a previous case of a woman from Jerusalem who contracted AIDS. The woman, a librarian, was a hemophiliac. She received a blood transfusion which contained the AIDS virus. It turned out that the blood had been donated by a homosexual who had AIDS. The woman died last year, after she was hospitalized at Hadasa Hospital in Jerusalem. To date there have been 25 reported cases of AIDS in Israel. Of these, 18 have since died.

8646
CSO: 5400/4501

ISRAEL

DOZENS OF CASES OF LEGIONNAIRES DISEASE REPORTED

Tel Aviv YEDI'OT AHARONOT in Hebrew 10 Sep 86 p 7

[Text] Scores of cases of Legionnaires disease have been diagnosed in Israel in the past 2 years. Approximately half of the patients died.

In spite of these findings the Ministry of Health has no data as to the prevalence of the fatal disease in Israel and thus it is possible that there have been many more, unreported, cases.

General Manager of the Ministry of Health, Prof Dan Micha'eli commented: "In November 1983 we issued directives which mandate hospitals to report cases of Legionnaires disease under their care. These directives have not been followed. Physicians have not been reporting to us." On 9 Sep Prof Micha'eli sent a letter to all hospitals requesting them to report on all cases of the disease to date.

Dr Shlomo Ma'ayan of Hadasa Hospital reported at the Medical Week, held in recent days, that six men, five women and one child had been diagnosed at his hospital as suffering from Legionnaires disease. The symptoms are those of acute pneumonia. Five of the patients (42 percent) died while in the hospital. The disease is particularly dangerous for people with a deficient immune system, cancer patients or those suffering from some other lung ailment.

8646

CSO: 5400/4501

JAMAICA

NEW IMMUNIZATION LAW TO BE APPLIED NATIONWIDE

Kingston THE DAILY GLEANER in English 23 Aug 86 p 2

[Excerpt]

The new Immunization Law (1985) which comes into effect next month applies throughout the island. The law requires that all children born in Jamaica must be immunized from preventable diseases such as: polio, tetanus, tuberculosis, whooping cough, diphtheria, and measles. Recent reports reaching the Ministry of Health have indicated that some misconceptions about the law have arisen, and that persons in rural areas are under the incorrect impression that the Immunization Law will only apply to children entering school in the Corporate Area.

Speaking for the Ministry of Health, Senior Medical Officer for Primary Health Care, Dr. Deanna Ashley said today (August 20), that as of next month the Immunization Law (1985) will be implemented throughout the island. "All schools, day care centres and nurseries will be required to ensure that children in the age group zero through seven years are immunized before being registered", Dr. Ashley emphasized.

She explained that if parents and guardians complied their children should begin the immunization process at birth, and be fully immunized by the time they are one-year-old.

According to the Senior Medical Officer, "Compliance will now be requested for all children up to age seven entering or returning to school in September. And parents and guardians will be liable if their children are not immunized, as the children are likely to be refused admittance; and parents and guardians could be fined for face jail sentences."

She said that children who cannot be immunized for medical reasons, should get a certificate of "contra-indications" from a doctor or health officer.

Dr. Ashley noted that immunization cards are an important factor in establishing that each child has either started or completed the immunization process.

The immunization regulations requires that expectant mothers should be immunized against tetanus to protect newborn babies. Between birth and three months the children should receive a tuberculosis vaccine (BCG). At three months old a child should get the first in the series of three DPT vaccines for polio. The second polio vaccine should be given at five months; and the third by the time the child is seven months old.

By the time a child is one-year-old that child should also receive the measles vaccine.

/9317
CSO: 5440/005

JAMAICA

BRIEFS

TYPHOID OUTBREAK FEARS--Benbow, St Catherine--There are ten people in the Spanish Town Hospital and hospitals in Kingston with typhoid fever and there is fear of an outbreak of typhoid fever in the Waterford area of Guy's Hill. Residents of the area told this correspondent that they believed that this outbreak came about as a result of the drinking of contaminated water from the nearby Indian River. According to a report, Minister of Health, Dr Ken Baugh said that a team from the Ministry is investigating this localized outbreak of typhoid. An epidemiological survey being conducted involves the National Water Commission as often typhoid is associated with poor or intermittent water supplies which lead citizens to use water from untreated sources such as rivers or streams which may be contaminated. Proper personal hygiene and the boiling of water for twenty minutes along with other sanitary practices are emphasised for the affected areas. Citizens said that for over six weeks after the June floods they were without their regular supply of water. Also there was no ambulance at the Guy's Hill Health Centre to take the sick to hospital for weeks. The ambulance has been without tyres. There are other suspected cases and health officers carrying out tests. [Text]
[Kingston THE DAILY GLEANER in English 6 Sep 86 p 5] /9317

CSO: 5440/005

LESOTHO

BRIEFS

FIRST AIDS CASE REPORTED--Maseru--A Ugandan veterinary officer working in Lesotho is believed to have been admitted to Bloemfontein's Pelonomi Hospital suffering from AIDS. This is believed to be the first case of the disease reported in Lesotho. The vet is said to have been in Lesotho for some time, attached to the Department of Agriculture. Although AIDS (Acquired Immune Deficiency Syndrome) has not previously been reported in Lesotho, several cases have already been diagnosed in South Africa. [Text] [Johannesburg THE STAR in English 16 Sep 86 p 16] /9274

CSO: 5400/16

MEXICO

BRIEFS

SONORA MALARIA STATISTICS--Novojoa, Sonora, 18 Aug--Despite government efforts to eradicate malaria and although the respective official commission has even been dissolved, 500 cases of that disease were detected here last year. Another 200 have been found in the first 8 months of this year and the season of the greatest incidence has not yet begun. The warning was issued by Alberto Obregon Avila, head of the Department of Communicable Diseases of the state's Coordinated Public Health Services, who also reported that a campaign is underway to notify the residents of 298 communities so that they may know what to do if they contract the disease. The area of greatest incidence of malaria, which can be fatal if not treated in time, is in the municipalities of Huatabampo, Navojoa, Cajeme, Rosario and Quiriego, the official said. In 21 areas with a high incidence of the disease, 16,577 persons have received treatment. [Excerpt] [Mexico City EXCELSIOR in Spanish 19 Aug 86 p 33-A] 11,464

CSO: 5400/2080

PORTUGAL

BRIEFS

WHOOPING COUGH CASES--There are already "strong indications" that whooping cough incidence is increasing in the area of Lisbon. This was stated yesterday by the primary health care general directorate. The announcement reminds the population that whooping cough vaccination is free and available to all in the area's health centers. It also notes that even though the level of vaccination is satisfactory around the country, the Lisbon area level is below the necessary minimum. [Excerpts] [Lisbon DIARIO DE NOTICIAS in Portuguese 13 Sep 86 p 10] /9599

CSO: 5400/2404

SOUTH AFRICA

CONFLICT FOLLOWS DISCOVERY OF AIDS VIRUS AMONG FOREIGN MINERS

Health Officials Pressing for Repatriation

Johannesburg SUNDAY TIMES in English 24 Aug 86 p 14

[Article by Stephan Terblanche]

[Text]

HEALTH officials are pressing for the repatriation of thousands of migrant workers and illegal immigrants whom, they say, are carrying infectious diseases into South Africa and placing a huge burden on State medical services.

They argue that if neighbouring states impose economic sanctions on South Africa, the Government will have every justification for sending foreign workers home.

In support of this view, officials have assembled evidence that contagious diseases such as AIDS, malaria and cholera are being

carried by people from neighbouring states where preventative health services have all but collapsed.

The health threat comes at a time when the Manpower Minister, Mr Pietie du Plessis, has warned that foreigners would be repatriated to give job preference to South Africans if sanctions were introduced.

In 1985 it was found that 46 percent of traced malaria cases in the Barberton district came from Mozambique.

Malawians Comprise Bulk of Virus Carriers

Johannesburg BUSINESS DAY in English 29 Aug 86 pp 1, 3

[Article by Claire Pickard-Cambridge and Max Du Preez]

[Text]

GOVERNMENT'S announcement of likely steps to repatriate Aids virus carriers conflicts sharply with a Chamber of Mines plan to retain them.

National Health and Population Development Minister Willie van Niekerk said yesterday the Departments of Foreign Affairs, Mineral and

Energy Affairs and Health, together with the Chamber of Mines, were giving "urgent attention to suitable steps to repatriate these identified workers".

Chamber of Mines industrial relations adviser Johann Liebenberg said, however, the industry had chosen the compassionate route of keeping on 130 affected employees.

He stressed that there were no proven cases of Aids in mining.

Preliminary findings from tests on 27 000 workers indicated that the identi-

24 October 1986

fied workers, mostly Malawians, were simply carriers of a virus which may cause aids, the human immunodeficiency virus (HIV).

Liebenberg said he hoped government would not make it difficult for the chamber to retain affected employees who were being counselled about the disease.

It was not known how many HIV carriers would eventually get Aids.

If the chamber did not support affected workers it would be letting employees down.

Findings of a survey to establish the prevalence of the HIV virus in mining indicate that the presence of thousands of workers in single-sex hostels has not contributed to the spread of the disease.

The survey was done by the chamber and the SA Institute of Medical Research. It showed that the prevalence of HIV in mining was comparable to low-risk areas internationally, excluding employees from one high-risk country, Malawi.

Results indicated that 4% of the Malawian workers — who also comprise the bulk of the identified carriers — had been exposed to the virus.

Chamber spokesmen said the higher prevalence of the virus among Malawian employees appeared to indicate it had

been contracted in the workers' country of origin.

Casual contact with an infected person could not spread the virus and the chamber had concluded repatriation of infected miners was unlikely to have a significant impact on the spread of the disease in SA.

Instead, the Chamber has suggested that:

☐ No known HIV carriers should be engaged for work and that new recruits from Aids-prevalent areas be screened before being signed on;

☐ Patients suffering from sexually-transmitted diseases — a high risk group — should be tested routinely;

☐ Aids carriers should be clinically assessed and counselled and those fit to work will not be discharged;

☐ Services of clinically well HIV carriers who return home between contracts will not be terminated;

☐ Only when HIV- or AIDS-infected employees were clinically unfit for work should their services be terminated and they would then be repatriated on medical grounds.

Liebenberg said the only effective way to combat the spread of the virus was through major educational programmes on sexually-transmitted diseases.

Crisis Situation Said Not to Exist

Johannesburg THE STAR in English 29 Aug 86 p 1

[Article by Joe Openshaw]

[Text]

The mining industry will take a humane and compassionate stance and continue to employ the 130 mineworkers found to be infected with the AIDS virus, Mr Johann Liebenberg, the industrial relations adviser to the Chamber of Mines, said in Johannesburg last night.

He was addressing a Press conference at which details of a Chamber of Mines survey to establish the prevalence of human immunodeficiency virus (HIV) — the virus which can cause AIDS — among all races in the South African mining industry.

The survey was conducted with the co-operation of the Institute for Medical Research and the Department of Health.

Mr Liebenberg said the Chamber would embark on a

major education and counselling programme to teach infected miners how to live with the infection and how to prevent themselves falling prey to the frequently fatal opportunistic diseases to which HIV-positive people are extremely vulnerable.

"This is not a crisis situation," stressed Mr Liebenberg, who made the results of the survey — in which the blood of 26 525 miners were tested and 130 miners found to be infected with the AIDS or HIV, virus — available for publication. "There is not one proven case of AIDS on the mines."

Mr Liebenberg said homosexuality in the single-sex mine hostels has not contributed to the spread of the disease.

The Chamber says the spread of the virus will be controlled.

No known carriers of the AIDS virus will be engaged for work on the mines and new recruits from AIDS-prevalent areas will be screened.

All miners suffering from sexually transmitted diseases — a high risk group — will be tested routinely.

Employees who are AIDS carriers will be clinically assessed and those fit to work will not be discharged or repatriated.

Clinically well AIDS virus-infected workers who return home between contracts will not have their disease used as a pretext for terminating their contracts.

Government in Row With Chamber of Mines

Johannesburg THE STAR in English 29 Aug 86 p 13

[Article by Sheryl Raine]

[Text]

The Chamber of Mines and the Government are at loggerheads over what to do about the 130 mine employees known to have been infected by the AIDS virus.

The Minister of Health, Dr Willie van Niekerk said yesterday that his Department and the Departments of Foreign Affairs and Mineral and Energy Affairs together with the Chamber are giving urgent attention to "suitable steps to repatriate the identified workers".

In addition, workers from foreign countries entering the country will be subjected to compulsory tests for AIDS.

The Chamber agreed that new recruits from foreign countries coming to work on South African mines should be screened for AIDS and prevented from working here if blood tests prove positive.

However, Chamber spokesmen said at a press conference yesterday they believed no carrier of the virus presently working in South Africa should be repatriated until such time as he is clinically unfit to render service.

Asked whether there is an ulterior motive behind the Government's desire to repatriate foreign AIDS carriers to reduce the number of foreigners employed in South Africa, Mr Johann Liebenberg, industrial relations adviser to the Chamber said: "We don't think the Government would want to use

this opportunity as a subterfuge for repatriating foreign workers."

So far none of the 130 carriers identified in the biggest survey of the virus ever done in Africa, have the disease. The Chamber has emphasized there is no AIDS scare.

The Chamber believes it would be inhumane to victimise the 130 carriers or to ostracise foreign workers who come from Malawi. The survey showed the prevalence of the AIDS virus among Malawians to be higher than in other workers.

There are about 20 000 Malawian mineworkers employed on the mines. Central Africa has been a known high-risk area for AIDS for several years.

The Chamber spelled out a policy of mass education and counselling for AIDS carriers and mine employees in general.

And it seems the Chamber has the majority of mining unions on its side in taking this sympathetic stand.

All of the black and white unions involved in the industry have been consulted and briefed on the results of the survey and future Chamber policies.

"The National Union of Mineworkers would not like to see infected workers repatriated," said Mr Liebenberg. "We

also met the Council of Mining Unions, which represents eight unions, and the comments we got from them indicated they definitely do not wish to see carriers repatriated."

Mr Robbie Botha of the Mine Surface Officials Association said his organisation welcomed the Chambers' education programme and was impressed with the employers' initiative.

"We do not feel workers should be repatriated if they are just carriers. If one extended the investigation beyond the mining industry one would find many AIDS carriers. There is nothing one can do about them. We should not be harsh about this. Intimate contact is needed to transmit the virus.

"We believe the Chamber's programme is a good one because it aims to keep the syndrome above board and will not drive it underground."

However, Dr Marius Barnard, the PFP's health spokesman supported the repatriation of AIDS carriers.

He said: "AIDS is a most serious disease and I would expect the health authorities to take every opportunity to minimise the risk in South Africa. If there is any suspicion of non-South Africans with this transferable disease it is totally acceptable health practice to send them back to where they came from. It is also important to screen people coming into the country."

Network Debates Fate of Mineworkers With AIDS

AIDS, the sexually transmitted killer disease which has been discovered among 130 South African mineworkers, was a topic of discussion during the SABC television programme Network last night.

"We are faced with two choices," said Mr J Liebenberg, an industrial relations advisor. "We can either repatriate the affected workers or we can carry on employing them.

"I think we should adopt a compassionate view. To repatriate the workers would be to drive the disease underground.

"We need to look after the affected workers. We need to give them counsel on the subject," he said.

Dr George Watermeyer, Deputy General of Health, said the government was worried about the health of the economy.

"We have to try and keep the 'at risk' numbers as low as possible," he said, but added, towards the end of the programme, that the government was willing to enter into negotiation.

The government had "not made up its mind" whether or not to repatriate the workers, Dr Watermeyer said.

"African AIDS seems to be different to the strain found in other parts of the globe. Before making a final decision, we need to discuss the matter fully with all parties concerned."

Mr Liebenberg accepted Dr Watermeyer's offer regarding further talks.

Mr Jack Metz, representing the South African Institute for Medical Research, said that as many as 10 percent of South African men might be carriers of the virus.

He said stricter medical control of sexual habits was needed.

"Through education and counselling, we might be able to establish a sort of control over the disease," he said.

The panel discussion was chaired by regular Network presenter Mr John Bishop.

NUM Reaction to Government Statement

Johannesburg THE STAR in English 30 Aug 86 p 1

[Text] The National Union of Mine Workers (NUM) has reacted to a Government statement made yesterday threatening to repatriate all foreign workers found to be carriers of the HIV virus--which may lead to the development of AIDS. The union says single sex hostels must be done away with as they lend themselves prey to such diseases.

/9274

CSO: 3400/20

SWAZILAND

BRIEFS

SYPHILIS SPREAD TERMED WORRISOME--Mbabane--Syphilis kills more infants in Swaziland than any other disease and is the country's biggest health problem, according to a local pediatrician. Dr Eddie McGrath was commenting on a resolution by a meeting of Swazi Government doctors this week that the Ministry of Health should take urgent action against the spread of the disease. Medical services director Dr James Thuku said at the meeting that about 40 of every 100 prospective blood donors had syphilis and Blood Transfusion Services official Mrs Mary Magagula said signs of syphilis were found in 25 percent of blood samples nationwide. Dr Thuku said the disease was concentrated in relatively small industrial areas where there were many workers, such as Malkerns, Matsapa, Big Bend and Hhlume, and was responsible for more deformities among newborn infants than any other factor. [Text] [Johannesburg THE STAR in English 19 Sep 86 p 7] /9274

CSO: 5400/16

TURKEY

TCP CLAIMS GOVERNMENT COVERING UP CHOLERA EPIDEMIC

TA231232 (Clandestine) Voice of the Turkish Communist Party in Turkish 0500 GMT
23 Sep 86

[Text] Although it is reported that the number of persons who died of cholera and typhus throughout the country in the past 8 months has reached 250, the Health Ministry is trying to label dangerous contagious diseases as ordinary cases of diarrhea and refusing to take measures.

As the cholera and typhus epidemic is rapidly spreading, over 100 children died of cholera and Diyarbakir's Silvan District in the past 3 months. During the past few weeks, 1,500 patients were diagnosed as suffering from cholera at the Silvan State Hospital. In addition, 30 patients in Agri, 314 in Erzurum, and 600 in Elazig are currently being treated for cholera. There are 5,850 cases of cholera in Gaziantep and 3,000 in Adana, while hundreds of citizens are reportedly being treated for cholera in Samsun, Tokat, Amasya, Ordu, and Corum.

Health experts note that numerous deaths will occur in the next few days unless immediate measures are adopted and asked the Health Ministry to seriously approach the situation and avoid resorting to false excuses.

As it is known, the Health Ministry is covering up the cholera and typhus epidemic in Turkey, claiming that the children are suffering from ordinary diarrhea, on the grounds that it will adversely affect the income from tourism. Health experts describe this attitude as a gamble with the health of millions of citizens.

/9365
CSO: 5400/2406

TURKEY

INCREASE IN CHILDREN'S 'SUMMER DIARRHEA' REPORTED

Istanbul TERCUMAN in Turkish 3 Aug 86 p 7

[Text] Diyarbakir, (TERCUMAN)--It has been noted that with the increasing heat in the south and southeast region of Anatolia, the incidence of children's summer diarrhea has also increased greatly. It has been reported that the number of cases of summer diarrhea have increased 100 percent over last month.

Stating that the number of patients hospitalized due to summer diarrhea last month in the Diyarbakir State Hospital and in Social Insurance Organization hospitals was 2,500, doctors said that this month, due to the sudden sharp increase in temperatures, the number has doubled and now exceeds 4,500. At the same time, along with the state and Social Insurance Organization hospitals, the number of patients seeking help for summer diarrhea at health centers has also been unusually large.

Seyfettin Sonmez, chief physician at the state hospital, reports that the diarrhea unit established last month by the Ministry of Health has been very helpful. Treatment is instantly begun on patients who come to the unit, and after a 4-hour treatment their condition is once again normal. Speaking on the topic of summer diarrhea, Dr Sonmez issued a warning especially to mothers of small children, advising them to give their children the food prepared for them without delay; otherwise, the food may be affected by the warm weather and spoil in a short time, presenting a hazard to the children's health.

Sonmez stated that the disease is also caused by the generally unhealthful water supply, and for this reason all drinking water should be boiled.

13293/12859
CSO: 5400/2560

UGANDA

BRIEFS

UNKNOWN GUM DISEASE HITS EAST--Eastern Uganda has been hit by an outbreak of a hitherto unknown disease affecting teeth. The disease is said to have no painful or visible symptoms in its early stages. It has however, been said that it initially attacks the gums and progressively undermines the whole set of teeth such that by the time the victim becomes aware of it, the whole set begins to fall out. According [to] a dentist in Jinja Dr Odur, the disease is spread through the sharing [of] simple personal effects like spoons, cups, glasses, etc. He said that he believed the disease to have come from Kenya. At the moment the greatest number of victims of this disease are in Tororo, Teso, Iganga and Jinja. The doctor warned the people to be careful about sharing such items which enter the mouth. [Text] [Kampala THE TELECASE in English 2 Sep 86 p 3] /9274

CHOLERA NEAR LAKE ALBERT--The shores of Lake Albert have been attacked by cholera which has reached the scale of an epidemic. It has mostly hit a fishing village, of Bugoigo and it has spread to Kabolwa in the North and the township of Butiaba to the South of Bugoigo. Bugoigo is a major outlet from which smuggled fish leaves Uganda to the neighbouring Zaire. The disease which started in the past 3 weeks ago is now killing at the rate of 3 to 4 a day. Bugiogi which accommodates an estimated 3,000 people is presently completely deserted. The displaced people have migrated to relatives and friends in Wanseko while others just have fled to Masindi and Hoima. The fleeing residents said if the trend of the disease continues unchecked, all the fishing villages on the lake will be covered and even the entire 2 districts of Masindi and Hoima will be affected. The calamity surrounding the disease is that some of those fleeing the area in which it is concentrated are already affected and they are instead spreading it to other parts. [Excerpt] [Kampala THE TELECAST in English 2 Sep 86 p 3] /9274

MOYO REFUGEES BRING DISEASES--Reports from Moyo (extreme NW of Uganda) say that more than 40,000 Ugandan refugees have returned home in Moyo District following the recent attacks on their camps on the eastern bank (presumably of White Nile in the Sudan). A number of refugees, according to medical reports, are suffering from worms and others from sleeping sickness. Repatriation of the remaining Ugandan refugees from the West Bank is expected to start soon through Yumbe. Meanwhile a tsetse fly control team has arrived in Moyo to combat the spread of sleeping sickness in the district. [Text] [Paris AFRICAN DEFENCE JOURNAL in English Aug 86 p 25] /9274

CSO: 5400/002

YUGOSLAVIA

ZAGREB CLINIC REPORTS NATION'S 6TH CASE OF AIDS

Zagreb VJESNIK in Serbo-Croatian 21 Sep 86 p 9

[Excerpt] On Friday we learned from an announcement by the Dr Fran Mihaljevic Infectious Disease Clinic in Zagreb of the sixth case of AIDS in Yugoslavia.

Several days before the announcement, there was talk in Zagreb about such a patient being at the clinic, but representatives of the clinic to whom we appealed for news would not confirm or deny it. "If anything happens," they said, "it will be reported in an announcement to the public."

And the announcement did arrive at our editorial offices on Friday, but 9 days late. The case concerns a patient, a citizen of Yugoslavia who works abroad, where he has already been treated for AIDS, and who was admitted to the Zagreb clinic on 10 September.

Of the first five patients, three were at the Belgrade clinic for infectious diseases: two Yugoslavs and one who came from an African country for treatment. All three belonged to the so-called risk group, young people between 28 and 37 years of age. Two died at the clinic, the African and one Yugoslav, and the other Yugoslav committed suicide in the FRG. A 37-year-old economist died of AID in Ljubljana on 6 July of this year. He was a homosexual.

The fifth patient is from Sarajevo; he is 41 years old. He is a construction workers who spent several years on construction projects in Africa. Doctors at the Sarajevo infectious disease hospital suspected in early May that this person had AIDS, and the diagnosis was later confirmed in Ljubljana. This patient is not confined to the hospital, but comes in for examinations.

Thus, as expected, this serious disease has not spared our wide-open country.

/6662

CSO: 5400/3001

ZIMBABWE

HEALTH MINISTER SAYS AIDS NOT MAJOR PROBLEM IN COUNTRY

Harare THE HERALD in English 25 Sep 86 p 15

[Text]

THE Minister of Health, Dr Sydney Sekeramayi, yesterday assured the Senate that the killer disease Aids was not a major problem in Zimbabwe.

Answering a question by Senator P. K. van Byl during debate on his ministry's \$229,398 million budget for this financial year, he said his ministry tested about 5 000 blood samples every month and "the findings are that Aids is not a major problem in Zimbabwe".

He said the Government considered the problem of Aids very seriously and urged the public to refrain from practices associated with its spread.

These included homo-

sexuality, promiscuity and the use of intravenous drugs.

However, Ode Sekeramayi said Aids antibodies had been found in some blood samples and necessary steps had been taken to inform the people concerned and they were being monitored.

The Ministry of Health was working on pamphlets which would be distributed throughout the country informing the public on "what should be avoided to reduce the spread of Aids".

The minister said besides the actual problem of Aids, there was a problem of sensational international journalism which was blowing the Aids problem out of proportion.

/9274
CSO: 5400/17

JPRS-TEP-86-025
24 October 1986

HONG KONG

BRIEFS

VIRUS AT STABLES--Sha Tin-based trainers have been warned to take extra precautions against an annual virus which is again threatening to flatten the majority of stables. Jockey Club chief veterinary surgeon, Keith Mason confirmed last night that the first cases of the virus had already been diagnosed. "It's here again and will probably be with us until Christmas, it's a seasonal thing," Mason said. "The humid weather has certainly not helped the situation and it's normally around the start of any season that we get problems," he added. The virus outbreak has varied in seriousness over the past couple of seasons but according to Mason, trainers are now much more alert to the problem. [By Chris Collins] [Excerpt] [Hong Kong SOUTH CHINA MORNING POST in English 3 Sep 86 p 26] /6091

CSO: 5450/0003

INDIA

BRIEFS

CATTLE DISEASE VACCINE--Shillong, Aug 30 (UNI)--A veterinary scientist attached to the Indian Council of Agricultural Research (ICAR), North Eastern region, has developed an effective vaccine for clostridium perfringens type a disease rampant in the cattle population of Manipur. The scientist, Dr A D Verma, identified the bacteria while investigating causes of high mortality of cattle in Manipur. Laboratory studies also supported that the death of cattle was due to the newly identified bacteria and not "clostridium chauvcei" as thought for many years. His conclusion was fully corroborated by more than 29 laboratories all over the world including those in the US and USSR Dr Verma told UNI. Dr Verma, a research scholar in the Central Drug Research Institute (CDRI) Lucknow identified the disease as "black leg" of cattle and developed the vaccine for it. The cattle has to be vaccinated once a year as a preventive measure against the dreaded disease. The director in charge of the research complex Dr R N Prasad said the Manipur Government had sought 1000,000 doses of vaccine for the current year as its results on the vaccinated cattle was found satisfactory. [Text] [New Delhi PATRIOT in English 31 Aug 86 p 5] /13046

CSO: 5450/0009

INTER-AFRICAN AFFAIRS

RAT PLAGUE THREATENS SAHEL

Johannesburg THE STAR in English 17 Sep 86 p 10

[Excerpt]

YAMO USSOUKRO (Ivory Coast)
— The threat to African food production from widespread locust swarms is being worsened by a plague of rats in West Africa's Sahel region.

The rodents are thriving on a diet of millions of dead Senegalese locusts, and are destroying stocks of stored grain in Niger, Mali, Burkina Faso and Chad.

A Niger delegate told a conference of African food Ministers here: "The rats have learnt to avoid the poison we put down for them. We are trying to organise night hunts to control them, but this is not enough."

Experts say the insecticides used to kill the locusts are of such a low concentration that they do not affect the rats.

But operations are being stepped up, said Dr Lukas Brader, director of the United Nations Food and Agriculture Organisation (FAO) plant protection division and an international expert on locusts.

/9274
CSO: 5400/21

CANADA

BRIEFS

RED TIDE PROBLEM--There is still a partial ban on shellfish harvesting on the B.C. coast, a federal fisheries official said this week. Because red tide is still causing high contamination levels, oyster and clam picking is prohibited on the north coast, between the northern tip of Vancouver Island and Alaska and on the west coast of Vancouver Island, Rudy Chiang said. He said the Georgia Strait is open for both oyster and clam harvesting, but the whole B.C. coastline remains closed for mussels. [Text] [Vancouver
THE WEEKEND SUN in English 30 Aug 86 p A9] /9317

CSO: 5420/102

ISRAEL

BRIEFS

CITRUS DISEASE THREATENS CROP--A disease attacking citrus trees poses a serious threat to the citrus industry in Israel, according to the Agriculture Ministry General Manager Meir Ben Meir. Thousands of citrus trees around the country are afflicted with tristeza which threatens to spread and seriously affect the citrus industry. The disease is caused by a bug, and since it cannot be controlled, the only solution is uprooting the diseased trees. Scientists at the Plant Protection Institute of the Agricultural Research Administration warned about the lack of reliable data concerning the scope of the disease and the location of the infected orchards. A memo sent out by Dr Moshe Bar-Yosef of the Plant Protection Institute at the Valcani Institute states that the emergency survey begun in September 1985, after it was discovered that the methods for controlling the disease were not efficient, was not conducted according to the format agreed upon by the professional steering team, and as a result an unclear picture of the true situation was obtained regarding the tristeza disease in Israel. The scientist further argues that the uprooting of this disease, through the activities of the past 5 years, will not remedy the sorry situation of the citrus industry, even if the activities are increased seven-fold. The tristeza project director at the Plant Protection section, Y. Ben-David, said yesterday that last year alone some 21,000 citrus trees affected by the disease were uprooted in Israel, and since no clear policy has been enunciated for continuing to control the disease, "we do not know now how many trees will be uprooted next year." [Text] [Tel Aviv MA'ARIV in Hebrew 4 Jul 86 p 5] 9565/13045

CSO: 5400/4516

MOZAMBIQUE

AGRICULTURE MINISTRY SAYS LOCUST MENACE UNDER CONTROL

Maputo NOTICIAS in Portuguese 27 Aug 86 p 3

[Text] The red locust, quelea bird, and invading caterpillar, species which become plagues and at times threaten to destroy agricultural production, are under control in our country, as was confirmed by an authorized source from the Ministry of Agriculture to the newspaper NOTICIAS. Mozambique is a member of the International Red Locust Control Organization for Central and Southern Africa (IRLCO-CSA), an entity created during the early 1970's with headquarters in Zambia, which engages in the study, investigation, and combating of pests of those species. Our country joined that organization in 1977, and all the countries of southern Africa, with the exception of Angola, Namibia, and South Africa belong to it. Kenya and Uganda are members of that organization.

The Ministry of Agriculture source told us that the southern Africa region is not threatened by the red locust plague which has stricken northern Africa, particularly the countries of the Sahel region, and has become a veritable disaster since the drought lasting several years.

The only current problem with red locusts relates to the species known as "Chicomba," which has hit the district of Changara, in Tete. Since the beginning of the year, that red locust has started attacking corn and sorghum crops. The "Chicomba" is a highly resistant, green insect, which multiplies with relative ease.

Owing to the destabilizing action of the armed bandits, it is impossible at present to carry out a prevention campaign; the insect is attacked on farms when a farmer requests assistance in this respect. The Ministry of Agriculture source told us that, in spite of this, the situation is under control.

Three Destructive Species

The red locust has its birth and reproductive focus in swampy areas and, when the rainy season arrives, it migrates very easily.

If this type of locust becomes a plague, it is a serious threat to agriculture, because it destroys everything in its path. Since the proclamation of national independence, the red locust has not been a threat to our agriculture.

That source told us: "In Beira, we have a technician overseeing the red locust. He does nothing else but check this insect. He controls the species to prevent its reproduction from occurring in large proportions. If this should occur, that technician must issue an alert so that the proper precautions may be taken."

There are in the country large volumes of chemical products suitable for combating the red locust. Furthermore, there is likewise no interest in eliminating the red locust or other species completely, for ecological reasons. "They are part of nature," the source told us.

The quelea bird is located in areas where grain is grown. In our country, that bird predominates in Limpopo Valley, particularly in the Chokwe region, where there are extensive areas of rice crops.

As for the invading caterpillar, it attacks corn and cotton crops, and our technicians have reports on its existence. For the time being, since it is under control, the invading caterpillar is not a danger to agriculture.

The migratory behavior of these species, particularly that of the red locust, is always unpredictable, which is why it is important to keep them under control and always undertake scientific studies, specifically, those of a biological type, to gain a better understanding of them.

The Red Locust

The high point in the red locust plague in Mozambique occurred in 1934. From August 1938 until May 1944, there were always clouds of locusts invading large agricultural areas, particularly in Sofala.

It is known that there has been a solitary phase of the red locust in the country, noted in 1947, in swampy areas. The insect was found to exist in the swamps of Pungoe, Buzi, Munguaranguara, and Chire.

In 1972, another plague of red locusts struck Mozambique, especially on the Guara-Guara plain, but it was immediately combated using air equipment; the latter did not prevent major damage, reflected in the total destruction of bean, sugar cane, and potato crops.

During 1975, there was a plague of 50 million red locusts which remained in Buzi for several months, over an approximate area of 500 hectares. During that year, the Portuguese authorities received assistance from South Africa and Southern Rhodesia, to prevent the red locust from heading toward those countries.

The entire area south of the equator is considered one for the invasion of red locusts; which had prompted most of the countries included to sign, while still under colonial rule, the International Convention for the Constant Control of Gregarious Red Locust Areas," which terminated in 1970, giving rise to another that has started to operate.

From the study made by technicians knowledgeable on the subject, it was concluded that the two leading red locust gregarigenous areas were those of Mweru Wa Ntipa, located in northwestern Zambia, along the border with Zaire, near Lake Mweru, and Rukwa, in the southeastern section of Tanzania, near the border with Zambia.

Subsequently added to the two foregoing were the areas of Wembera and Malagarasi, both on the Kofue plain, in the central region of Tanzania, and also the westernmost areas of Lake Chirua, in Malawi.

At the beginning of the 1970's, the International Red Locust Control Organization for Central and Southern Africa (IRLCO-CSA) was created, with headquarters in Zambia, which includes all the countries of southern Africa with the exception of Angola, Namibia and South Africa, as well as Kenya and Uganda. Our country joined that organization in 1977.

The IRLCO-CSA operates in cooperation with other international agencies and organizations, receiving considerable aid for dealing with matters associated with species threatening agriculture.

At first, its attention was directed toward the red locust. Later, in view of the problems caused by other destructive species, that organization started devoting its attention to the quelea bird and the invading caterpillar as well.

The Ministry of Agriculture source told us: "Everything that can be done to combat the destructive species is but little in comparison with the devastation and harm that they can cause to agriculture. One plague can seriously threaten a nation's economy. Therefore, the preventive measures and scientific studies are important, and involve an investment to prevent further disasters."

Our interviewee told us that, in his opinion, any contribution or aid that it is desired to provide to combat these destructive species may be channeled through the International Red Locust Control Organization for Central and Southern Africa.

He noted: "This is because we cannot claim that a plague is not a matter for concern of one country or another. A plague is a general concern, considering the unpredictable behavior of the species."

2909

CSO: 5400/191

NIGERIA

BRIEFS

QUELEA BIRDS IN GUNGOLA--Out-breaks of quelea birds have been reported in five local government areas of Gongola State. The local governments are Song, Guyuk, Numan, Bali and Karim-Lamido, all located in the basin of rivers Benue, Gongola and Taraba. Commissioner for Agriculture, Dr Godwin Billy, said in Yola that the out-break of the pests at this time of harvesting early maturing crops might adversely affect the expected bumper harvest. The said massive aerial spraying had been launched in the areas affected to eliminate grasshoppers, locusts, and other pests that have been ravaging farmlands. He said officials of the Federal Department of Agriculture and Rural Development as well as those of the state government were already in the areas where the ravages of the pests have been most severe, especially at Savannah Sugar Company farms and Kiri Dam in Numan and Guyuk local government areas. According to him, the menace of these pests had been on the increase since the establishment of agro-allied industries in the state. The commissioner appealed to the public, especially people in those areas affected by the pests not to panic during the aerial spraying operation. [Text] [By Abu Tapidi] [Kaduna NEW NIGERIAN in English 19 Sep 86 p 16] /9274

CSO: 5400/4

SOUTH AFRICA

FEAR BIGGEST LOCUST PLAGUE EVER WITH SPRING RAINS

Cape Town THE WEEKEND ARGUS in English 6 Sep 86 p 9

[Text]

EARLY spring rains could herald the biggest locust plague yet seen in South Africa.

Last year's outbreak — considered one of the biggest — spread well beyond the normal boundaries and breeding grounds and it is feared that it could mark the start of a mass migration of Brown and African migratory locusts.

Swarms of the insects travelled as far north as the Western Transvaal and east as far as Queens-town and the Transkei border, causing widespread damage to both crops and grazing.

South Africa spent about R30-million last year trying to combat the problem.

Botswana has already reported random swarms of locusts and a close watch is being kept on the eastern border to see whether any cross into the Transvaal or Northern Cape.

The Department of Agriculture, Economics and Marketing's Regulatory Services has set up a commando style operation to monitor each of the farming districts.

Good rains which fell over many parts of the Eastern Cape, Karoo, Western Transvaal and Free State last week could mark the start of this year's battle.

"We are working on a better eradication strategy," Mr Pikkie Baard, director of Regulatory Services said.

Mr Baard said there was also closer co-operation between the members of the Southern African Committee for Regional Conservation of Soil.

The member states include Botswana, Malawi, SWA/Namibia, Lesotho and Swaziland. Mozambique is considered a sleeping party in the committee.

The Food and Agriculture Organisation of the United Nations had also contacted his department to find out what measures were being taken in this country.

●The United States Air Force is adapting a fleet of six Hercules C130 transport aircraft to help the FAO in its worldwide campaign to wipe out the locust menace, which is spreading, especially through Africa.

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CSO: 5400/1

SOUTH AFRICA

BRIEFS

'UNPRECEDENTED' LOCUST PLAGUE--A locust plague of unprecedented proportions is threatening farmers in the northern Cape, eastern Cape, Western Transvaal and the southern parts of the Orange Free State. The threat is so serious that farmers who fail to report locusts will be prosecuted. The penalty for a first offence is a fine of up to R5,000 and or a prison sentence of two years. The deputy director for soil protection at the Department of Agriculture and Economic Marketing, Mr M.L. Heyns, said there were 170 locust-teams operating. "This is no joke. People don't seem to realize how serious the situation is. If the locusts which have already started hatching, are not stopped in their grasshopper stage, damage of millions of rands will be done to crops and grazing." Mr Heyns said he would fly over areas where locusts started appearing about two weeks ago to identify parts where they had not been reported. "We will not hesitate to prosecute people who have failed to notify us of locusts in their areas. "All the indications are that the outbreak will be much worse than the plague of last year."

[Text] [Johannesburg SAPA in English 1235 GMT 2 Oct 86 MB] /12624

CSO: 5400/19

VIETNAM

HANOI REPORTS DAMAGE TO RICE CROPS FROM PESTS

BK251015 Hanoi Domestic Service in Vietnamese 1430 GMT 24 Sep 86

[Text] The Agriculture Ministry's Plant Protection Department has reported that over the past 2 weeks, the 10th-month and summer-fall rice crops in both the north and the south have been infested with various types of harmful insects and diseases such as stem borers, brown planthoppers, rice planthoppers, leaf folders, and blight.

In the north, the fifth litter of stem borers' larvae has hatched en masse in many provinces, greater in quantity by 10-20 times over last year's 10th-month crop season. In some Bac Bo lowland and midland provinces and in Nghe Tinh, brown planthoppers and rice planthoppers are appearing in ricefields sown with infested seed of the Bao Thai, Moc Tuyen, C-10, and glutinous rice varieties, with a density ranging from 50 to 240 egg nests per square meter and, in certain places, up to 2,000 young larvae per square meter.

In Vinh Phu, Hai Hung, and Hanoi, the density of brown planthoppers' infestation has reached more than 10,000 per square meter in some areas. Leaf folders' larvae have also hatched en masse, averaging 1.5-3 moths per square meter.

In the south and along the central coast, stem borers are also wreaking havoc on the late summer-fall rice and the third annual rice crop. In the Mekong Delta provinces, brown planthoppers and rice planthoppers have infested a total of 25,000 hectares of late summer-fall rice and early 10th-month rice seedlings, averaging 150-700 larvae per square meter.

In Hau Giang, Tien Giang, Long An, and Ben Tre, leaf folders have appeared; and blight has been detected on the early 10th-month rice crop.

In the past weeks, peasants in the various localities have frequently inspected ricefields to promptly detect the appearance of pests and brought into play their experience together with manual means such as setting up lantern traps, removing egg nests, trimming off withered plants, and using butterfly nets to protect the rice crop from insects.

In Hanoi, Thach That District captured 120 kg of larvae within only a few days and Phuc Tho District, 80 kg. Meanwhile, Dong Anh and Gia Lam Districts have cut tens of metric tons of withered rice plants to prevent stem borers from spreading.

According to a forecast by the Plant Protection Department, in the coming days, young stem borers will hatch en masse and play havoc on the main 10th-month rice crop, especially those plantings that have entered the bearing stage since 20 September, in the northern provinces. Meanwhile, brown planthoppers and rice planthoppers are rapidly growing in number and may start local flareups in some areas. Leaf blight will continue to develop on the late or retransplanted rice plantings.

In the southern provinces, stem borers, leaf folders, and brown planthoppers will also appear in greater numbers to affect rice seedlings and the 10th-month rice crop.

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CSO: 5400/4424

VIETNAM

BRIEFS

HAIPHONG PEST INFESTATION--Following typhoon No 5, more than 5,000 hectares--70 percent of the total acreage--of 10th-month rice in Haiphong have been ravaged by silver-leaf disease. Harmful insects have also appeared on many ricefields. The city vegetation protection department has promptly guided various establishments in adopting effective measures to protect rice against insects and diseases. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 17 Sep 86 BK] /8309

DELTA, MIDLAND PEST INFESTATION--According to the vegetation protection department, brown planthoppers and rice planthoppers are appearing in large numbers on the ricefields in the northern delta and midland provinces. In the Mekong River Delta provinces, some 25,000 hectares of summer-fall rice have been ravaged by brown planthoppers and rice planthoppers, 22,500 hectares by rice caseworms, and 10,000 hectares by nigrospora oryzae. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 19 Sep 86 BK] /8309

LAI CHAU INSECTS--Some 2,500 hectares of 10th-month rice are being ravaged by harmful insects in Lai Chau Province. The province is mobilizing manpower and integrating equipment to eradicate the insects, while weeding more than 13,000 hectares of ricefields or 93 percent of the cultivated area. The agricultural sector has also sent more than 20,000 metric tons of fertilizer to various localities to apply to their ricefields. The province to date has planted 538 hectares of soybeans, peanuts, and sweet potatoes. [Summary] [Hanoi Domestic Service in Vietnamese 1100 GMT 16 Sep 86 BK] /8309

CSO: 5400/4301

ZIMBABWE

NATION ON ALERT, READY TO COMBAT LOCUST INVASION

Harare THE HERALD in English 19 Sep 86 p 11

[Text]

ZIMBABWE is ready to combat any locust invasion that may occur in the country, the head of the Plant Protection Research Institute, Dr Shadreck Mlambo, has said.

Reassuring the country's farmers, he said no cases of locusts had been sighted yet in Zimbabwe and in the event of any attacks, his department was ready to combat them.

Dr Mlambo said they had the necessary aircraft, chemicals and people to do the work.

"The people of Zimbabwe are being alerted to be on the look out for any locusts in their areas and to report to us if there are any sightings," said Dr Mlambo.

He added that the Ministry of Lands, Agriculture and Rural Resettlement was working flat out to draw up plans in preparation for any invasion that may come from within or outside the country.

"At the moment, and depending on the size of the swarm, we feel that any attack would be dealt with," he said.

The agricultural operations manager of Agricaire, Mr Ivor Prior, also

said that his company's ability to combat a locust invasion depended on the size of the swarm. Early this year, two of Agricaire's aircraft were called into Botswana and Tanzania to help destroy locust attacks.

Mr Prior said should an attack in Zimbabwe be serious, his company would make it top priority to combat the locusts. He said Agricaire had been working with the Plant Protection Research Institute to find ways they could work together to destroy locusts in the country and in the region.

Dr Mlambo said Zimbabwe was facing a threat from the red and brown locusts which have destroyed crops in other parts of Southern Africa.

The brown locust has destroyed crops in South Africa's Karoo areas where the climate is ideal for it to breed. It has also spread into neighbouring Namibia and Botswana.

Most of the maize crop in the affected areas in Southern Africa, was completely destroyed last season.

The main breeding grounds of the red locust whose outbreak areas have been demarcated in Tanzania, Zambia, Mozambique and Malawi, are various flooding plain regions of Central

Africa. Because of its great potential threat to agriculture, any slackening in vigilance and preventive control could mean disaster for the region.

Attempts to control locusts biologically have so far been unsuccessful, so the only available method of combating them is through chemical warfare.

A fully grown locust weighs about two grammes and is capable of eating its own body weight of food daily. Swarms can therefore destroy about 500 square kilometres of vegetation in a day.

Early this year, Dr Mlambo said if Zimbabwe was invaded by small swarms, it would use knapsacks and moist blowers and resort to aerial spraying.

In the event of a concentrated attack on Zimbabwe, the country would turn to the International Red Locust Control Organisation for Central and Southern Africa, of which it was a member, for help. Its headquarters are in Zambia.

Plant protection specialists from the SADCC region are meeting in Harare next week to draw up a plan on how they can help each other to eradicate the pest.

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CSO: 5400/17

ZIMBABWE

COFFEE BERRY DISEASE SAID TO BE UNDER CONTROL

Harare THE FINANCIAL GAZETTE (Farming) in English 12 Sep 86 p 19

[Text]

COFFEE berry disease (CBD), which broke out for the first time in Zimbabwe recently, is "not of great importance" now, as government legislation has quarantined the affected area, and no further outbreaks have been reported.

Coffee Growers' Association chief executive David Sivewright said this week that a ban had been placed on movement of any coffee material from the Karoi-Tengwe area, where the disease had broken out on two farms.

Any coffee beans from the farms have to be sent to the Grain Marketing Board's Banket depot, and samples have to be tested and cer-

tified by the Department of Research and Specialist Services.

Farmers would have to spray their crops with fungicide according to the regulations, gazetted recently.

Mr C N Mzira, head of plant pathology at DR and SS' Plant Protection Research Institute, said the quarantined area covered the whole of the Karoi and Tengwe-Intensive Cultivation Area. No coffee material could leave the area without an appointed plant inspector's permission.

Mzira agreed that the infestation was not yet very serious, and had not spread to the main Eastern Highlands growing area. It was

hoped the disease could be eradicated from Zimbabwe soon.

However, he said, CBD could be potentially severe. CGA chairman John Brown said last month that "the danger of this disease cannot be overestimated, as should it spread into the more densely-farmed areas, a very serious loss will occur."

CBD causes berries to shrivel, blacken and fall off.

Mr Sivewright said an outbreak in the 1920s had devastated Kenya's crop. The disease, caused by a fungus, was endemic to Kenya, but this was the first time it had been positively identified in Zimbabwe. The outbreak source may be Zaire.

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CSO: 5400/17

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